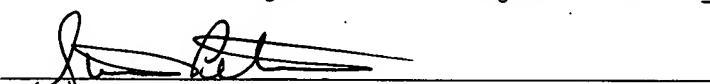


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |            | Docket Number (Optional) 018890-000610US |          |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
|--|------------|--|----------|------------|-------------------------|--|-------|------|----------|---|-------|-------|----------|---|--------|-------|----------|---|--------|-------|---------|--|--------|--------|----------|
| <b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            |  |          |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| Application Number 10/529,513  |            | Filed                                    |          |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| For ARTEMISININ-DERIVED TRIOXANE DIMERS  |            |  |          |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| Art Unit   | Examiner   |  |          |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 40%; text-align: center;"><u>Small Entity Fee</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ 1590</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br/> <input type="checkbox"/> A check in the amount of the fee is enclosed.<br/> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br/> <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.         </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>         Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,238</u><br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>         Registration number if acting under 37 CFR 1.34 _____</p> <p><br/>Signature</p> <p>March 3, 2006<br/>Date</p> <p>Steven C. Petersen, Reg. No. 36,238<br/>Typed or printed name</p> <p>858-630-6100<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |            |  |          | <u>Fee</u> | <u>Small Entity Fee</u> | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ 1590 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                  |          |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                     | \$ _____ |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                    | \$ _____ |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510                                    | \$ _____ |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                    | \$ 1590  |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                   | \$ _____ |            |                         |  |       |      |          |   |       |       |          |   |        |       |          |   |        |       |         |  |        |        |          |